Action Plan has already been evolved by the Ministry - of Health and Family Welfare and is being operationalised. This has been endorsed by the Health and Family Welfare Ministers of States and Union Territories in January, 1992. The Action Plan highlights the need for evolving a national consensus in support of the Family Welfare Programme and to obtain the willing participation of all sections of the sofciety. Its key features include improving the quality and outreach of family welfare services. differentia) strategy for special focus on 90 poor performing districts (Birth rate of 39 per thousand population and above as per the 1981 Census). developing a mechanism to make available funds to States Union Territories on the basis of reduction of actual birth rate, increasing (he coverage of younger age couples through vigorous promotion of spacing methods, introducing new contraceptive and improving the quality of contraceptives, strengthening family welfare schemes in Urban areas especially in slum pockets, revilalising training activities of medical/para-medicjil personnel with. emphasis on motivational and counselling aspects, sustaining the good work done under Universal Immunisation Prostammo and strengthening of other interventions for Meternal and Child Health Care, reorientation of Information, Education and Communication effortas to focus on the quality of life issues and inter-personnel communication, involving voluntary and non-governmental organi-*»fions in a big way to promote active-community participation in the programme. gearing up of 'he implementation machinery in the States Union Territories and evolving high-level inter-sectosal coordination mechanism at the nation. State and District levels.

Allotment of land for regional occupational health centre

1310. SHRI PRABHAKAR B. KORE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Indian Association of Occupational Health has requested the Ministry of .Health and Family Welfare. Government of Karnataka and Directorate of Horticulture, State Government of Karnataka for allotment of suitable land of 5 acres in State Coconut farm, Whitefields to Regional Occupational Health Centre;

(b) if so, what is the decision and action taken by the State Government; and

(c) whether the response of the concerned State Government is negative and whether Indian Council of Medical Research would negotiate with other State Governments for the allotment of necessary land to construct laboratory facilities?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA); (a) to (c) The Indian Council of Medical Research (ICMR) informed that the Indian Association of Occupational Health (1AOH), Karnataka chapter took up the matter with the Government of Karnataka. Although the ICMR has been informed that the proposal is under consideration of the State Government, their decision is awaited.

I pgradation of ROHC at Bangalore

1311. SHRI PRABHAKAR B. KORE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Scientific Advisory Board and Governing body of the Indian Council of Medical Research had decided in 1988 to upgrade the Regional Occupational Health Centre at Bangalore as advanced centre for,research in Agro-medicine during 1990:95: and

(b) if so, the progress, made in the matter including the procurement of suitable land from the State Government of Karnataka?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI STDDHARTHA): *(a)* One of the recommendations of the

Scieaii&c Advisory Committee of the centre was to augment the development of Regional Centre (South) for advanced research in agriculture related health problems.

(b) It has been reported that the Centre has alreiady intiated acuities in the field, of Agriculutre viz. Agro-medi-cine and Agricnftural Hygiene also. They have approached the Government of Karnataka for allocation of a suitablc plot of land also.

Rajiv Gandhi Memorial Lecture on population growth

1312. SHRIMATI CHANDR1KA A8W1NANOAN JAIN: Will the Minister of HEALTH AND FAMILY WELFARE he pleased to state:

(a) whether Governments attention has been drawn to the first Rajiv Gandhi Memorial Lecture delivered by Mr. Robert S. McNaroara, former World Bank President at New Delhi on 23rd May. 1992 wherein he has outlined a new programme to check population grwth in the country: and

(b) if so, what are the details thereof and the reaction of the Government thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI STDDHARTHA): (a) Yes. Sir.

(b) Delivering the first Rajiv Gandhi Memorial Lecture, Mr. Robert S. McNamara had emphasized the importance of population control to advance human development. He had outlined the adverse impact of rapidly growins population. on environment and quality of life of the people- He indicated that even if the fertility rates continue to decline - as at present, the country will have an additional population of 435 million in the next 30 year. According to him. the population control in India ha-.l been narrowly identified with family plannng. In corrseijuertce. the family plannins programme which in itself needed strengthening, has had to bear virtually th eentire population burdon, to the detriment of both the programme itself and the prog-ress of fertility reduction . He maintained that India should give adequate attention to other factors which also effect fertility, in particular, the age at wh'ch women marry and the status of women -especially as reflected in their educational levels. He has outlines the need for increased use of contraceptives. better status for women, setting up of a National Population Council, launching a campaign to promote delayed marriages among women, ensuring the retention and enrolment of girls in primary schools, etc. to reduce the pepulation growth in the country.

The Government is fully seized of the population problem facing the country. For accelerating the pace of acceptance of small family norm in the country, new policies aiming.,at adopting a holistic approach have been evolved. These policies intend giving due importance to socio-economic factors like female literacy, status of women, employment of women, right age of marriage of girls, attitudinal changes in regard *to* strong son pre-ference. etc. They recognise the importance of •'mprovement of quality and outreach of family welfare services, re: duction of infant, child and maternal mortality, eliciting large participation of the people in population control efforts and the neel to have strong administrative Support and political will for pursuing the population control programme. A Committee of the National Development Council on Population has been set up to take into account the multi-sectoral dimension of the population issues and to evolve a National Population Policy An Act rm Plan has been prepared in consultation with State Governments and Union Territories Administration for im-parting a new thrust and dynamsm to the Family Welfare Programme. Most of the sucsestions by Mr. Mc. Namara ate already incorporated in the Action Plan and th's Action Plan is being opeationa-lised by the Staies/UTs. The population control programme has been given high priority in the Eighth Five Year Plan.